

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1										
2											
3											
4											
5											
6											
7											
8	1										
9	1										
10	1										
11											
12	1										
13	1										
14	1										
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
TOTAL IND.	9										
TOTAL DEP.	10										
TOTAL CLAIMS	22										
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											